



Anschutz

School of Medicine

School of Medicine Town Hall on Research  
March 4, 2026  
Live Q&A Follow-up

### **Funding and support for investigators**

**Q: To encourage large team grants such as SPORes and P01s, can we give credit and count these dollars when we calculate space for each PI not just the overall PI?**

A: Yes. To ensure appropriate attribution for large, team-based grants such as SPORes and P01s, credit can be assigned at the individual PI level when separate speedtypes are established. This approach allows the associated dollars to be reflected in space calculations for each participating PI, rather than only for the overall PI.

**Q: The new BSUM model appears to shift funding uncertainty onto departments and individual faculty. Can you please comment on this decision and how you explain this model to potential new faculty recruits compared to other institutions that have a more robust safety net for faculty who are otherwise in good standing? The bridge funding mechanism at CU doesn't compare.**

A: We are working closely with department chairs to ensure a clear and consistent understanding of its intent, implementation, and implications, including how it is communicated to prospective faculty.

**Q: Is the research dashboard available for everyone to see? I find the OnCore process to be quite opaque as far as where in the review/approval process studies are and next steps.**

A: Not yet. The goal is to increase transparency at the department level, including clearer visibility into where individual protocols are in the review and approval process and what next steps are required. The dashboard is currently in development, with implementation and refinement underway during this calendar year.

**Q: What kind of institutional support is there for faculty teams who want to apply for an NIH Program Project?**

Faculty teams pursuing complex, multi-project grants can access support through the School of Medicine PASS program and the OVCR Office of Research Development and Strategy, which offers expertise and resources for large program project awards. Dr. David

Schwartz, Associate Dean for Translational Sciences, is also actively supporting collaborative teams interested in pursuing these opportunities.

**Q: You recently decided to cut funding to Health Data Compass at a time when digital health and AI seem to be more relevant. Can you explain why this was done?**

A: Health Data Compass remains a valuable resource for the School of Medicine and the broader campus. To support long-term sustainability, a fee-based structure has been implemented. At the same time, the school continues to invest in complementary digital health and AI initiatives in collaboration with campus and hospital partners.

**Q: We adore our PIs and love working with/for them. How can departments/schools/divisions work together as research administration to have the best tools to provide better financial service? We have great policy training from compliance/the Office of Grants and Contracts, but we don't have the tools to help better project. It's a tool really needed across our campus.**

A: Developing cohesive and standardized tools for research administrators is a shared goal. Many effective tools have already been highlighted through the School of Medicine Administrator Showcase, and platforms such as A2E provide pre-built applications that can be adapted and expanded to support the broader research administration community.

**Q: Beyond clinical trials, a tremendously important area that needs support is investigator-initiated human clinical science. The General Clinical Research Center (GCRC) model has been lost and CCTSI no longer has clinical research as a component. Now R01s need to cover the costs for such science. What are the School of Medicine's plans to address this?**

A: Colorado Clinical and Translational Sciences Institute (CCTSI) offers pilot project opportunities, and investigator-initiated human clinical science continues to be supported through a combination of departmental, school, and campus resources. These investments help facilitate transition to NIH and other external funding mechanisms.

**Q: Any thoughts about the School of Medicine supporting a multidisciplinary funding mechanism and using this as a recruitment strategy for junior or mid-career investigators?**

A: Multidisciplinary funding mechanisms are a promising strategy to support collaboration and recruitment. This concept will be given future consideration as funding and resources allow.

**Q: Define the criteria/benchmarks for how cores will be prioritized and transparency of how institutional support for cores is determined.**

A: The School of Medicine is working to establish a clearer and more transparent approach to prioritizing institutional support for research cores. Cores requesting support will be reviewed using shared criteria such as alignment with research priorities, breadth of impact, utilization and track record, financial sustainability, fee structures and market

benchmarking, and the value provided beyond commercial alternatives. Using standardized information and regular review, this process is intended to provide greater clarity for core directors while ensuring that institutional resources are used thoughtfully and equitably.

**Q: What are your priorities for supporting trainees (primarily postdocs and PhD students in research) and what effort/money has been prioritized for their support in the way of benefits/salary, retention, and ability to support diversity?**

The School of Medicine prioritizes support for research trainees across all stages of training. The School of Medicine provides central support and oversight for PhD programs through the Office of Research Education (ORE), including support for tuition and training infrastructure, while postdoctoral salaries are typically supported through grants and fellowships. Importantly, the School of Medicine ensures that all postdoctoral fellows receive full employee benefits and adhere to NIH-aligned minimum salary standards—an essential investment in recruiting, retaining, and supporting a diverse, high-quality trainee community. Additional questions regarding PhD training support and investments can be directed to the ORE.

**Q: You highlighted discovery science, but the discussion seems to be omitting Colorado's vital T3 and T4 translational science mission to ensure that the community is impacted by our science, even when they aren't on our campus for care. Could you address how this science is being shepherded and supported by this leadership team?**

**A:** T3 and T4 translational science is a core part of the campus research mission and is supported by School of Medicine through robust programs within ACCORDS and CCTSI. These entities play a central role in ensuring that discoveries translate into real-world community and population health impact.

**Q: It's great to hear the investment in clinical trials. Can you also speak about the level of investment in health services research and what role you see it playing in helping us get to top 10 in 10 years?**

**A:** Health services research is a critical component of the School of Medicine's research portfolio. The school provides substantive support to ACCORDS to serve as a catalyst for this work, recognizing its essential role in improving care delivery, population health, and achieving long-term strategic goals.

### **Clinical trials**

**Q: I work in the space of pragmatic trials that implement in "real-world" care. It is exciting that the Anschutz campus is giving more attention to this space—such as the Pragmatic Electronic Health Record-Embedded Trials (PEET) offered through the CCTSI, but those are smaller pilot trials. Are there plans to continue to build the infrastructure for larger pragmatic trials that utilize the electronic health record (EHR) to deliver interventions?**

**A:** Yes. Building on the PEET Program, the School of Medicine is collaborating with CCTSI and UCHealth to develop a scalable playbook for EHR-embedded research and pragmatic trials. The School of Medicine Research Office is partnering with UCHealth to expand Research Administration and Epic team capabilities to support larger-scale implementation of this work.

**Q: What are a few strategies to get clinical trials out of the gate more quickly?**

**A:** Every step of the clinical trial startup process is being measured and evaluated to identify opportunities for improvement. Additional resources and coordination have been implemented, including expansion of the OnCore teams at CU and growth of the UCHealth Medicare Coverage Analysis (MCA) team, to reduce time from study initiation to trial opening.

**Q: Decreasing clinical trial startup time is clearly a goal of CU and its departments, but all providers understand that a large hurdle and limiting factor in startup is UCHealth's processes. How are you trying to address the partner organization's role in delaying clinical trials getting opened to accrual?**

**A:** Clinical trial startup is a shared responsibility, and CU and UCHealth are working collaboratively to address delays. The School of Medicine Research Office is partnering with UCHealth research leadership, including Dr. Jean Kutner, Chief Academic Officer, and Laurie Blumberg-Romero, Vice President of Research Administration, to expand and strengthen UCHealth-related startup processes. These ongoing activities include hiring and training additional MCA staff to improve timelines. In addition, there are pathways to expedite startup, such as [Accelerated MCA Fees](#).

**Q: Does your team have goals to formalize relationships with other schools on campus for trials and investigator-initiated grants such that exists more parity in resource sharing (and stimulating more collaboration)?**

**A:** Yes. The School of Medicine values cross-campus partnerships and has engaged in discussions with leadership across all schools on campus to expand collaboration and resource sharing for clinical trials and investigator-initiated grants.

### **Child health research**

**Q: Is there research leadership in the Dean's office from pediatrics/child health research, or is the organization to keep all pediatric leadership in the child health research silo?**

**A:** Yes. Pediatric/child health research leadership is represented in the Dean's Office through Dr. Ron Sokol, who serves as Associate Dean for Child Health Research and co-leads the Colorado Child Health Research Institute (CCHRI) with Jenae Neiman, Vice President of Research Operations at Children's Hospital Colorado (CHCO). The CCHRI is jointly governed by a leadership council composed of campus, School of Medicine, and CHCO leaders.

**Q: How were these research leadership executive positions appointed? Was there an advisory committee to the Dean as new to our campus when appointed? How are CHCO/pediatric research nuances being addressed as the leadership positions are heavily adult medicine-dominated?**

A: All Dean's Office research leadership positions were posted through CU Careers, with candidates interviewed by a committee and final selections made by the Dean. School of Medicine leadership is regularly engaged with CHCO and department leadership regarding child health research. Pediatric and child health research perspectives are additionally represented through Dr. Ron Sokol, who serves as Associate Dean for Child Health Research.

**Q: If a child health researcher faces a barrier with research, does this group provide support or is the Children's Research Institute their resource? Does this group consult and integrate with activities happening at CCHRI?**

A: Support varies based on the nature of the issue. Matters involving primarily School of Medicine resources, space, or processes are supported by the School of Medicine Dean's Office and the relevant academic department chair within the School of Medicine, while hospital-related research issues involving CHCO resources, EHR data use, budgeting, recruitment, and research operations are generally supported by the CCHRI. School of Medicine and CCHRI leadership work collaboratively with campus offices and departments to coordinate research performed in child health that involves both School of Medicine faculty as well as CHCO resources.

**Q: Can you please comment on the unique challenges of running clinical trials at CHCO? The amount of time needed to recruit eligible patients is much longer than would be required at UHealth given our smaller patient population.**

A: CHCO has a robust infrastructure to support pediatric clinical trials, recognizing the unique challenges of recruitment in smaller patient populations. The School of Medicine Research Office works closely in collaboration with CCHRI to support clinical research at CHCO. The CCHRI has and will continue to work on process improvements to shorten study start-up times and institute new innovations for participant recruitment.